

# Voluntary Registration Renewal Application

## Provider Application Form

- This form must be **notarized!**
- Please complete each section completely.
- Please write legibly.
- Mark "N/A" if any section does not apply.
- The application fee is \$50 and **NON-REFUNDABLE**.
- Checks should be made payable to: "*Treasurer of Virginia*" if you are submitting an application to DOLP. If you live in a city or county served by a contract agency, please contact them for payment information.

***Remember***, your application is ***not*** complete until Department of Licensing Programs (DOLP), or the appropriate contracting agency, receives all your original documentation.

Virginia Department of Social Services  
Division of Licensing Programs, Voluntary Registration  
801 East Main Street, 9th Floor  
Richmond, Virginia 23219

If you have any questions in reference to the VR packet, please contact Linda Jean-Pierre at (804) 726-7170, or via email to [linda.jeanpierre@dss.virginia.gov](mailto:linda.jeanpierre@dss.virginia.gov). You may also contact Cynthia Carneal Heflin at (804) 726-7140, or via email at [cynthia.carneal@dss.virginia.gov](mailto:cynthia.carneal@dss.virginia.gov). Thank you for your interest in the Voluntary Registration program.

# VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

PLEASE PRINT. Please read this application carefully. Make sure that the application is filled in completely.

NAME: \_\_\_\_\_  
(First) (Middle) (Last) Social Security Number

Street Address: \_\_\_\_\_  
City State Zip Code

Mailing Address, if different from above: \_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Area Code) Number

City/County in which the provider lives: \_\_\_\_\_

1. I am applying for:

- ☐ An initial certificate of registration ☐ Address change only  
☐ A renewal certificate of registration ☐ Name change only (\_\_\_\_\_)  
Previous Last Name

2. How many adults live in the family day care home?

- ☐ One ☐ Three ☐ More than four (Number) \_\_\_\_  
☐ Two ☐ Four

3. Are you interested in serving as a substitute for other providers when vacant slots are available?

- ☐ Yes, I am interested in being a substitute ☐ No, I am not interested

4. Are you currently participating in the USDA Food Program? ☐ Yes ☐ No

If yes, Name of Sponsoring Agency: \_\_\_\_\_

5. If no, are you interested in participating in the USDA food program?

- ☐ Yes ☐ No

(FOR AGENCY USE ONLY)

.....  
Date application and check received by the contracting organization \_\_\_\_/\_\_\_\_/\_\_\_\_

## RECOMMENDATION FOR CERTIFICATE OF REGISTRATION

### STIPULATIONS:

I certify that the Requirements for Voluntary Registration of Family Day Homes have been reviewed at the home named above and that these requirements have been met by the provider. I recommend a Certificate of Registration be issued with an effective date of:

\_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Executive Director/Agency Representative

Contracting Organization

Date

# VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

## Part II of II

Name of Provider: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If you have an assistant, please provide the following information:

Name of Assistant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Assistant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have a substitute provider, please provide the following information:

Name of Substitute: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Substitute: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List the name of all persons (other than the provider) who are at least 18 years of age and reside in the home:  
(Verify with Page 1, # 2)

\_\_\_\_\_  
\_\_\_\_\_

Days and Hours of Normal Operation:

\_\_\_\_\_

Email address: \_\_\_\_\_

Federal Tax I.D. number/Business Name (if any) \_\_\_\_\_

Sworn Disclosure Statement or Affirmation: (This statement must be signed in the presence of a notary.)

I certify that the information submitted on this application is true to the best of my knowledge and belief. I certify that I am the primary child care provider and that the child care to be provided is either in my home or the residence of one of the children receiving care for compensation. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children. I understand that my name, address, telephone number and hours of operation will be available to parents interested in obtaining childcare and that VDSS may post this information on the public website as a resource to parents.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City/County of \_\_\_\_\_; State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

# VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

## Part II of II

List the names and birth dates of all children (provider's own children, any children residing in the home, and any children receiving care in the family day home) who are under the age of 18.

**NOTE:** To be eligible for voluntary registration, no more than five non-exempt children (children that are not the provider's own children or children who live in the home) may be in care in the home at any one time.

\_\_\_\_\_ Check here if all of the children listed below are the grandchildren of the provider.

Name of child	Date of birth	← Check Only One →		
		Son or Daughter	Residing in the home	Non-exempt
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

If more than five (5) children are receiving care in the home, attach a schedule of when all children are in care, including hours and days of the week.

# **VR Health and Safety Checklist**

- Follow the instructions provided on the form.
- This checklist should be used to conduct your home inspection.
- PLEASE READ each item carefully and check appropriately.
- If you have any questions regarding any standard in the regulation or on the Health and Safety Checklist – ASK! It is important to have your home set up for the inspection just as if children are in care.

# Voluntary Registration Health and Safety Checklist

Verify each item that is currently true for your home by inserting a P (provider) in the first slot provided before the item. The screener will place an S (screener) in the second slot when this information is verified during the visit to your home. Mark the item N/A if the item is not applicable to your home.

## Section 1. I AM PREPARED TO DEAL WITH EMERGENCIES:

- ☐ ☐ I have a medical release form from each family to permit emergency care; I also have the names and phone numbers of one or more persons besides the family who may be contacted in case of an emergency.
- ☐ ☐ I have an operable telephone, or have easy access to one, with a 911 sticker or emergency telephone numbers posted in clear view.
- ☐ ☐ My address or equivalent identifying information is easily seen from the street or parking lot.
- ☐ ☐ Exit ways, hallways and stairways are always well lighted and free of obstructions.
- ☐ ☐ I have a first aid kit and an operable flashlight available at all times.
- ☐ ☐ I practice emergency evacuation drills monthly to the point of exit from the home and have a posted evacuation plan.

## Section 2. I TAKE PRECAUTIONS TO PREVENT ACCIDENTS AND INJURIES:

- ☐ ☐ I have taken steps to safeguard the outdoor play area used by children in my home from open and obvious hazards, such as: standing water, animal fecal material, construction materials, poison ivy, dangerous lawn and garden tools, and traffic. (Fencing or other barriers might be needed when play area is next to a body of water or busy street.)
- ☐ ☐ My home is in good repair, with no peeling lead paint.
- ☐ ☐ I use screened doors and windows for ventilation.
- ☐ ☐ My fireplaces, heating system, and duct work are in good repair.
- ☐ ☐ Steps and stairs accessible to children are in good repair with hand or guard rails.

- ☐ ☐ I have taken steps to safeguard my home from open and obvious household hazards, such as loose carpeting, unmarked glass doors, and small items that could be swallowed. I will permit an inspection of my home by appropriate fire authorities if conditions indicate a need for approval and the contract agency or the Virginia Department of Social Services requests it.
- ☐ ☐ Cribs or playpens that meet the current Consumer Product Safety Commission (CPSC) guidelines for cribs are used for children under 18 months of age. The service side of an occupied crib is accessible. Crib slats are no more than 2 3/8 inches apart.
- ☐ ☐ Protective barriers including, but not limited to, safety gates are placed on stairways that are accessible to children. Safety gates that are used meet the Consumer Product Safety Commission (CPSC) guidelines for juvenile products.
- ☐ ☐ Electrical outlets are child-proof in all areas accessible to children. Multi-plug adapters that are used have fuse safety features.
- ☐ ☐ I place barriers around space heaters, fire places, wood stoves, and fans when in use.
- ☐ ☐ My electrical panel is easily accessible to adults, free of loose connections and fraying wiring, and has no missing fuses. There is no frayed or uninsulated wiring anywhere in the house.
- ☐ ☐ I keep medications and toxic household products in areas inaccessible to children and away from food products.
- ☐ ☐ I keep dangerous objects, such as knives, out of the reach of children unless under supervision, e.g., when children are using these objects in planned activities.
- ☐ ☐ I ensure that small appliances are not accessible to children, unless under supervision, e.g., when children are using these appliances in planned activities.

## Voluntary Registration Health and Safety Checklist

- \_\_\_ I keep firearms unloaded, apart from ammunition, and in a locked place.
- \_\_\_ My kitchen appliances are in good working order, with range, oven and hood clean and free of grease.

### Section 3. I TAKE PRECAUTIONS TO PROTECT THE HEALTH OF THE CHILDREN ENTRUSTED TO ME:

- \_\_\_ I keep a copy of the physical examination results obtained on each child before or within 30 days after enrollment.
- \_\_\_ I have proof of adequate immunization received on the date of admission (or prior to admission) for each child admitted after 3/3/10. Any child whose immunizations are incomplete as of 3/3/10 (but who has received at least one dose of the required immunizations) is admitted conditionally for a period of 90 days or less accompanied by a schedule for completion of the required doses. At the end of 90 days I will exclude any child who is not adequately immunized and who has not been granted a medical or religious exemption until the child's parent provides documentary proof that immunization schedule has been completed or a medical contraindication developed during the conditional enrollment period.
- \_\_\_ My hands and children's hands are washed with soap before meals and after toileting and diapering.
- \_\_\_ I serve nutritious meals and snacks to children.
- \_\_\_ Rooms used by children are dry, well lighted and kept at least 68 degrees during heating season.
- \_\_\_ I have indoor running water and bathrooms.
- \_\_\_ My bathrooms are kept clean and have working toilets and sinks, tissues, soap, and disposable or individually assigned towels.
- \_\_\_ Drinking water is available to children at all times.
- \_\_\_ I allow only one child to occupy a crib or playpen at a time.

- \_\_\_ My refrigerator is kept at no more than 40 degrees (F), food is kept from spoilage, and children's food brought from home and infant formula are clearly labeled with their names.
- \_\_\_ My home is free from insect and rodent infestation.
- \_\_\_ I agree to provide a smoke-free environment in rooms accessible to children while children are in care.
- \_\_\_ My dogs and cats have up-to-date rabies shots and are kept from food preparation surfaces.

### Section 4. I ENCOURAGE CHILDREN TO DEVELOP THEIR OWN SKILLS AND PERSONALITIES:

- \_\_\_ I plan for adequate rest and play for children in care.
- \_\_\_ I encourage children to participate in activities appropriate to their ages and levels of development.
- \_\_\_ I never use discipline which would demean or belittle a child and never use physical (corporal) punishment.

### Section 5. I AM MINDFUL OF MY RESPONSIBILITIES TO UPHOLD LAWS AND REGULATIONS IMPORTANT TO THE PROTECTION OF CHILDREN:

- \_\_\_ I am at least 18 years of age and have not been convicted of any offenses specified in § 63.2-1719 of the *Code of Virginia*.
- \_\_\_ My physical and mental condition are such that I am able to care for children.
- \_\_\_ My family day home is not required to be licensed under state law. I make sure that the number of children receiving care, other than my own children and children residing in the home, is not more than five at any one time.

## Voluntary Registration Health and Safety Checklist

- I never leave children alone with an assistant younger than 18 years of age. I make sure children are properly supervised at all times.
- I make sure that all caregivers are familiar with the Requirements for Providers.
- I disclose to parents the percentage of time that a provider other than myself will care for their children.
- I adhere to the following adult to child ratios and point system required to supervise children receiving care:
  - When children are in the same age groups, adult to child ratios: 1:4 children from birth to 15 months; 1:5 children from 16 months through 23 months; 1:8 children from two years through four years of age; and 1:16 children from five years to nine years of age;
  - When children's ages are mixed, an adult may carry no more than 16 points: children from birth through 15 months count as four points; children 16 months through 23 months count as three points; children from two years through four years of age count as two points; and children from five years through nine years of age count as one point;
  - I understand that my own children and children residing in the home who are under eight years of age are included in the ratios and the point system.
- I report cases of suspected child abuse and neglect and other hazardous situations as described in the Requirements for Providers.
- I make sure that any adult (18 years of age or older), including any adult household member, who comes in contact with children or will provide ongoing care to children has a tuberculosis (TB) test, background check; and I will not allow them to use alcohol or illegal drugs while children are in care.
- I comply with § 63.2-1809 (COV) by requiring proof of each child's identity and age for children enrolled on or after 7/1/98. My records for each child include:
  - Documentation of previous child day care programs and schools the child has attended.
  - Documentation of reviewing proof of identity and age.
- I comply with § 63.2-1809.1 of the *Code of Virginia* by providing written notification of the fact that my family day home business is covered by liability insurance, along with amount, or that my business is not covered by liability insurance to the parents or guardians of all enrolled children. Signed acknowledgement of written notification is maintained on file for each child during the child's attendance and for 12 months after the child's last day of attendance.
- If I transport children, I make sure any vehicle used to transport children meets the standards set by the Division of Motor Vehicles and is equipped with the proper restraining devices required by law and children are restrained in accordance with § 46.2-1095 of the *Code of Virginia*.
- I will comply with the Requirements for Providers and permit and participate in an evaluation of my home by the department or contracting organization; and, I will maintain the records listed in the Requirements for Providers and make them available for review by an authorized screener.
- I understand that the contracting agency and the Virginia Department of Social Services stand ready to help me provide good care to children and that I may ask for help or advice as needed.



## Voluntary Registration Health and Safety Checklist

I, the undersigned, agree to comply with these requirements. I have received information on the requirements for State Regulated Care Facilities and understand that I am responsible for ensuring that my home complies with the Uniform Statewide Building Code (USBC) and Statewide Fire Prevention Code (SFPC) for State Regulated Care Facilities for fire extinguishers and smoke detectors.

Signature: \_\_\_\_\_

Name: *(print)* \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

[For Agency Use Only]

I, \_\_\_\_\_,

(screener), verify that the provider meets the health and safety standards and has agreed to comply with the above requirements. I have verified that the provider has received written information regarding fire extinguishers and smoke detectors in a State Regulated Care Facility and information on compliance with the proof of age and identity requirements for any child enrolled after 7/98.

Agency conducting evaluation:

\*\*\*\*\*

Check only one:

\_\_\_\_\_ Initial Verification

\_\_\_\_\_ Monitoring Visit

\_\_\_\_\_ Renewal Visit

\_\_\_\_\_ Other (*Specify*): \_\_\_\_\_  
\_\_\_\_\_

Time of Visit: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

# **Voluntary Registration of Family Day Homes Home Inspection Training Needs Assessment**

- Complete the assessment and return with the Health and Safety Checklist.
- There is no grade assigned or a “pass/fail.” The assessment is used by the Inspector or Monitor to determine if additional information needs to be covered during the inspection to ensure you understand your responsibilities.

# **Voluntary Registration of Family Day Homes Home Inspection Training Needs Assessment**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to assist in planning and scheduling the inspection of your home for either an initial or renewal application, you will need to complete the following "quiz" to assess the level of on-site training that will be required. You should return this "quiz" with your application, though the score will not be a factor in determining whether a certificate will be issued. By completing this quiz, you will merely be allowing the Division to cover the material necessary during the on-site visit. You may use any information in the packet to complete this assessment.

1. Which of the following is not considered proof of a child's identity and age:
  - a. Birth Certificate
  - b. Record from a public school
  - c. Passport
  - d. Social Security Card.
  
2. Which of the following is prohibited in family day homes?
  - a. corporal punishment
  - b. spanking a child
  - c. slapping a child
  - d. forcing a child to stand in a corner on one foot
  - e. placing a child in a locked, dark, room for time-out
  - f. refusing to give a child food or water
  - g. all of the above, to include any other actions that are demeaning, belittling or harmful to a child.
  
3. Which of the following should be kept inaccessible to children in a family day home?
  - a. medicine
  - b. bleach and laundry supplies
  - c. cleaning supplies
  - d. gasoline
  - e. any product whose label reads keep out of reach of children
  - f. all of the above.
  
4. Which of the following information is not required to be in each child's record?
  - a. documentation the provider has viewed proof of identity and age, information on previous schools and day care that the child has attended
  - b. Social Security Number of child
  - c. information regarding chronic illnesses and allergies
  - d. the name, address, and telephone number of at least one person to contact in case of emergency
  - e. permission to obtain emergency medical treatment.
  
5. A provider is required to get new background checks after the initial certification when:
  - a. a new person age 18 years or older moves into the home
  - b. when a child residing in the home turns 18 years old
  - c. when a new assistant or substitute provider is hired (not listed on application)
  - d. all of the above examples require additional background checks and notification to DOLP or the contract agency.

**True or False (Circle the correct response)**

6. If a provider views acceptable proof a child's identity and age, they are still required to document previous day care programs and schools that the child has attended?
- True                      False
7. A provider should maintain documentation of evacuation drills practiced each month for the term of the certificate.
- True                      False
8. Voluntarily registered family day homes are required to report suspected cases of child abuse or neglect.
- True                      False
9. If a parent is enrolling two children at the same time, each child needs an individual record.
- True                      False

**Voluntarily registered family day home providers must adhere to the adult to child ratios or the point system as it appears on the health and safety checklist. Answer the following questions based on the scenario given.**

10. Ms. Johnson has 5 children enrolled in her family day home and 2 of her children reside in the home. The children's ages are as follows:
- |                            |                        |
|----------------------------|------------------------|
| • Michael is 12 months old | Tisha is 4 years old   |
| • Dequan is 15 months old  | Ms. Johnson's children |
| • Quincy is 3 years old    | Ben is 6 month old     |
| • Keli is 3 years old      | Billy is 6 years old   |
- a. Is Ms. Johnson over-capacity during the times that all children are present? Circle response.
- Yes                                      No
- b. How many points does Ms. Johnson have if all children are present? \_\_\_\_\_
- c. Does Ms. Johnson need an assistant if all children are present?
- Yes                                      No
11. Ms. Green is voluntarily registered and currently has five children enrolled. She provides care after school between the hours of 3 p.m. and 6 p.m. The five children range in age from 6 to 11 years of age, so she has a total of 5 points. A parent has asked her to keep 3 year old twins from 9 a.m. until 5:30 p.m. Can Ms. Green enroll the twins and still keep the after school children?
- Yes                                      No.

# **Report of Tuberculosis Screening Children's Programs**

- **This form is required for the provider, anyone in the home age 18 and over, and any assistants or substitute providers.**
- **The date the form was completed by a health professional cannot be more than 90 days prior to the date your application is received; or within 30 days before employment or having contact with children in a registered home.**
- **A TB skin test is not required but the individual must submit documentation signed by a doctor or health professional that includes a statement that the individual is considered free of tuberculosis in a communicable form.**

**REPORT OF TUBERCULOSIS SCREENING  
CHILDREN'S PROGRAMS**

Standards and child care policy require certain individuals to submit a report indicating the absence of tuberculosis in a communicable form when involved with (i) children's facilities regulated by the Department of Social Services or (ii) legally operating child care programs, excluding care by relatives, that receive Child Care and Development Funds. Each report must be dated and signed by the examining physician, the physician's designee, or an official of a local health department. When signed by the physician's designee, the form must also identify the physician/physician practice with which the physician -designated screener is affiliated.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_

1). \_\_\_\_\_ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

2). Tuberculin Skin Test (PPD): Date given: \_\_\_\_\_ Date read: \_\_\_\_\_

Results: \_\_\_\_\_ mm Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

3). \_\_\_\_\_ The individual has a history of a positive tuberculin skin test (latent infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

4). \_\_\_\_\_ The individual either is currently receiving or has completed medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

5). \_\_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ (date) at \_\_\_\_\_ (location) that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

**Based on the available information, the individual can be considered free of tuberculosis in a communicable form.**

Signature/Title: \_\_\_\_\_  
(MD/designee or Health Department Official)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name/Title)

Address (including name of practice, if appropriate):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

# **Sworn Statement or Affirmation for Child Day Programs**

- This form must be completed by the applicant, assistant (regardless of age), substitute provider, and each adult household member.
- Only Page 1 of this statement needs to be printed – the remainder is for information only.
- Additional copies of Page 1 can be printed as necessary.
- You must respond accurately and completely by answering each question for both within and outside the Commonwealth of Virginia.
- You must respond to all 4 questions.
- The **original *Sworn Statement of Affirmation*** must be submitted with your application.



## **Barrier Crimes List for Child Day Programs**

**SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS**  
Please Print

Last Name	First	Middle	Maiden	Social Security Number
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code
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*Please respond to all four (4) questions below:*

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? ☐ Yes (convicted in Virginia) ☐ Yes (pending in Virginia) ☐ No

If yes to convicted or pending, specify crime(s): \_\_\_\_\_

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? ☐ Yes (convicted outside Virginia) ☐ Yes (pending outside Virginia) ☐ No

If yes to convicted or pending, specify crime(s) and state, or other location: \_\_\_\_\_

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? ☐ Yes (in Virginia) ☐ No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? ☐ Yes (outside Virginia) ☐ No (outside Virginia)

If yes, specify state, or other location: \_\_\_\_\_

**I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Explanation of Sworn Statement or Affirmation

**Requirement:** Sections 63.2-1704, 63.2-1720, 63.2-1721, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia* (Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

**Who must comply:** These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religiously exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

**Note:** Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

**Exception:** A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

**Consequence:** If a person required to submit a sworn statement or affirmation (i) fails to submit a sworn statement or affirmation, or (ii) has been convicted of a barrier crime (specified below), or (iii) has been convicted of any other felony in the last five years, or (iv) has been the subject of a founded complaint of child abuse or neglect, and the facility refuses to separate that person from employment or service:

- Licensure, registration or approval of a child day program is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religiously exempt status will be denied;
- Religiously exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

**Exception:** A person who wants to operate or to volunteer or work at a facility covered by this regulation, but who is disqualified because of a criminal conviction, or a criminal conviction in the background check of any other adult living in a family day home governed by this regulation may apply for a waiver if: 1) a non-barrier crime felony conviction occurred less than five years ago, or 2) any other adult living in the home of a state regulated family day home applicant or provider has been convicted of not more than one misdemeanor offense of assault and battery or assault and battery against a family or household member. This other adult may not be an assistant or substitute provider.

## BARRIER CRIMES FOR CHILD DAY PROGRAMS

including

- Licensed child day centers
- Religiously exempt child day centers
- Certified pre-schools
- Licensed family day homes
- Voluntarily registered family day homes
- Licensed family day systems
- Licensed system-approved family day homes
- The following if receiving federal, state, or local child care funds:
  - Local ordinance-approved family day homes
  - Programs of recreational activities offered by local governments
  - Unregulated family day homes (including in-home care)

*(§§ 63.2-1717 D. 7., 63.2-1719, 63.2-1720, 63.2-1721, 63.2-1724, 63.2-1725 of the Code of Virginia)*

Also included as barrier crimes (in addition to the offenses listed below) are the conviction of any other felony unless 5 years have elapsed since the conviction and a founded complaint of child abuse or neglect within or outside the Commonwealth.	63.2-1719
Convictions include prior adult convictions, juvenile convictions and adjudications of juvenile delinquency if offenses involved would be a felony if committed by an adult within or outside the Commonwealth.	

OFFENSE * Or Equivalent Offense in Another State	CODE SECTION
Abduction (Kidnapping)	18.2-47 A
Abduction with Intent to Extort Money or for Immoral Purpose	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Adulteration of Food, Drink, Drugs, Cosmetics, etc.	18.2-54.2
Aggravated Malicious Wounding	18.2-51.2
Allowing a child to be present during manufacture or attempted manufacture of methamphetamine	18.2-248.02
Assault or Assault and Battery (Exception: Child day center may hire individual convicted of not more than one misdemeanor offense if 10 years have elapsed following the conviction, unless the person committed such offense while employed in a child day center or the object of the offense was a minor. § 63.2-1720 C)	18.2-57
Assault and Battery Against a Family or Household Member	18.2-57.2
Assisting individuals in unlawfully procuring prescription drugs (Felony Convictions)	18.2-258.2

Attempted Aggravated Sexual Battery	18.2-67.5
Attempted Forcible Sodomy	18.2-67.5
Attempted Object Sexual Penetration	18.2-67.5
Attempted Rape	18.2-67.5
Attempted Sexual Battery	18.2-67.5
Attempts to Poison	18.2-54.1
Bodily Injuries Caused by Prisoners, Probationers or Parolees	18.2-55
Breaking and Entering Dwelling House with Intent to Commit Other Misdemeanor	18.2-92
Burglary	18.2-89
Burning Building or Structure While in such Building or Structure with Intent to Commit Felony	18.2-82
Burning or Destroying any Other Building or Structure	18.2-80
Burning or Destroying Dwelling House, etc.	18.2-77
Burning or Destroying Meeting House, etc.	18.2-79
Burning or Destroying Personal Property, Standing Grain, etc.	18.2-81
Carelessly Damaging Property by Fire	18.2-88
Carjacking	18.2-58.1
Carnal Knowledge of Certain Minors	18.2-64.1
Carnal Knowledge of Child Between 13 and 15	18.2-63
Carnal Knowledge of an Inmate, Parolee, Probationer or Pretrial or Posttrial Offender	18.2-64.2
Causing, Inciting, etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to such Buildings, etc.	18.2-84
Certain Premises Deemed Common Nuisance (Felony Convictions)	18.2-258
Crimes Against Nature Involving Children	18.2-361
Delivery of Drugs, Firearms, Explosives, etc. to Prisoners	18.2-474.1
Disarming a Law Enforcement or Correctional Officer	18.2-57.02
Distribution of Certain Drugs to Persons Under Eighteen (Felony Convictions)	18.2-255
Drive-By Shooting	18.2-286.1
Drug Attempts (Felony Convictions)	18.2-257
Drug Conspiracy (Felony Convictions)	18.2-256
Electronic Facilitation of Pornography	18.2-374.3

<b>Employing or Permitting Minor to Assist in Obscenity and Related Offenses</b>	<b>18.2-379</b>
<b>Entering Bank, Armed, with Intent to Commit Larceny</b>	<b>18.2-93</b>
<b>Entering Dwelling House, etc. with Intent to Commit Larceny, Assault and Battery or Other Felony</b>	<b>18.2-91</b>
<b>Entering Dwelling House, etc. with Intent to Commit Murder, Rape, Robbery or Arson</b>	<b>18.2-90</b>
<b>Escape from Jail</b>	<b>18.2-477</b>
<b>Failing to Secure Medical Attention for Injured Child</b>	<b>18.2-314</b>
<b>Felonies by Prisoners</b>	<b>53.1-203</b>
<b>Firearms – Allowing Access by Children</b>	<b>18.2-56.2</b>
<b>Hazing of Student at School, College, or University</b>	<b>18.2-56</b>
<b>Hazing of Youth Gang Members</b>	<b>18.2-55.1</b>
<b>Homicide</b>	<b>18.2-33</b>
<b>Illegal Stimulants and Steroids</b>	<b>18.2-248.5</b>
<b>Incest</b>	<b>18.2-366 B</b>
<b>Involuntary Manslaughter</b>	<b>18.2-36.1</b>
<b>Involuntary Manslaughter; Operating a Watercraft While Under the Influence</b>	<b>18.2-36.2</b>
<b>Killing a Fetus</b>	<b>18.2-32.2</b>
<b>Maiming, etc. of Another Resulting from Driving While Intoxicated</b>	<b>18.2-51.4</b>
<b>Maiming, etc. of Another Resulting from Operating a Watercraft While Intoxicated</b>	<b>18.2-51.5</b>
<b>Maintaining a Fortified Drug House (Felony Convictions)</b>	<b>18.2-258.02</b>
<b>Malicious Bodily Injury by Means of any Caustic Substance or Agent or Use of any Explosive or Fire</b>	<b>18.2-52</b>
<b>Malicious Bodily Injury to Law Enforcement Officers</b>	<b>18.2-51.1</b>
<b>Malicious Wounding by Mob</b>	<b>18.2-41</b>
<b>Manufacture, Possession, Use, etc. of Fire Bombs or Explosive Materials or Devices</b>	<b>18.2-85</b>
<b>Manufacturing, Selling, Giving, or Distributing a Controlled Substance or an Imitation Controlled Substance (Felony Convictions)</b>	<b>18.2-248</b>
<b>Manufacturing, Selling, Giving, or Distributing or Possessing with Intent to Manufacture, Sell, Give, or Distribute Methamphetamine (Felony Convictions)</b>	<b>18.2-248.03</b>
<b>Manufacturing, Selling, Giving, or Distributing or Possessing with Intent to Manufacture, Sell, Give, or Distribute Any Anabolic Steroid (Felony Convictions)</b>	<b>18.2-248.5</b>
<b>Murder, Capital</b>	<b>18.2-31</b>
<b>Murder, First and Second Degree</b>	<b>18.2-32</b>
<b>Murder of a Pregnant Woman</b>	<b>18.2-32.1</b>

<b>Obscenity Offenses</b>	<b>18.2-374.1</b>
<b>Obtaining Drugs, Procuring Administration of Controlled Substances, etc. by Fraud, Deceit or Forgery (Felony Convictions)</b>	<b>18.2-258.1</b>
<b>Pandering</b>	<b>18.2-355</b>
<b>Pointing Laser at Law Enforcement</b>	<b>18.2-57.01</b>
<b>Possession and Distribution of Flunitrazepam (Felony Convictions)</b>	<b>18.2-251.2</b>
<b>Possession and Distribution of Gamma-Butyrolactone or 1, 4 – Butanediol (Felony Convictions)</b>	<b>18.2-251.3</b>
<b>Possession of Burglarious Tools, etc.</b>	<b>18.2-94</b>
<b>Possession of Child Pornography</b>	<b>18.2-374.1:1</b>
<b>Possession of Drugs (Felony Convictions)</b>	<b>18.2-250</b>
<b>Possession of Infectious Biological Substances</b>	<b>18.2-52.1</b>
<b>Possession or Use of a Sawed-Off Shotgun or Rifle in a Crime of Violence</b>	<b>18.2-300 A</b>
<b>Production, Publication, Sale, Possession with Intent to Distribute, Financing etc. of Sexually Explicit Items Involving Children</b>	<b>18.2-374.1</b>
<b>Rape</b>	<b>18.2-61</b>
<b>Reckless Endangerment</b>	<b>18.2-51.3</b>
<b>Reckless Handling of Firearms; Reckless Handling While Hunting</b>	<b>18.2-56.1</b>
<b>Robbery</b>	<b>18.2-58</b>
<b>Sale of Drugs on or near Certain Properties (Felony Convictions)</b>	<b>18.2-255.2</b>
<b>Setting Fire to Woods, Fences, Grass, etc.</b>	<b>18.2-86</b>
<b>Setting off Chemical Bombs Capable of Producing Smoke</b>	<b>18.2-87.1</b>
<b>Setting Woods, etc. on Fire Intentionally Whereby Another is Damaged or Jeopardized</b>	<b>18.2-87</b>
<b>Sexual Battery</b>	<b>18.2-67.4</b>
<b>Sexual Abuse of a Child Under 15 Years of Age</b>	<b>18.2-67.4:2</b>
<b>Sexual Battery - Aggravated</b>	<b>18.2-67.3</b>
<b>Sexual Battery - Infected</b>	<b>18.2-67.4:1</b>
<b>Sexual Penetration - Object</b>	<b>18.2-67.2</b>
<b>Shooting, etc. in Committing or Attempting a Felony</b>	<b>18.2-53</b>
<b>Shooting, Stabbing, etc. with Intent to Maim, Kill, etc.</b>	<b>18.2-51</b>
<b>Sodomy - Forcible</b>	<b>18.2-67.1</b>
<b>Stalking (Felony Convictions)</b>	<b>18.2-60.3</b>

<b>Taking, Detaining, etc. Person for Prostitution etc. or Consenting Thereto</b>	<b>18.2-355</b>
<b>Taking Indecent Liberties with Child by Person in Custodial or Supervisory Relationship</b>	<b>18.2-370.1</b>
<b>Taking Indecent Liberties with Children</b>	<b>18.2-370</b>
<b>Threats of Death or Bodily Injury</b>	<b>18.2-60</b>
<b>Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, etc.</b>	<b>18.2-83</b>
<b>Transporting Controlled Substances into the Commonwealth (Felony Convictions)</b>	<b>18.2-248.01</b>
<b>Use of a Machine Gun in a Crime of Violence</b>	<b>18.2-289</b>
<b>Use of a Machine Gun for Aggressive Purpose</b>	<b>18.2-290</b>
<b>Use or Display of Firearm in Committing Felony</b>	<b>18.2-53.1</b>
<b>Voluntary Manslaughter</b>	<b>18.2-35</b>

### Criminal History Record Name Search Request – SP 167

This form is to be completed by the provider/applicant. The original results of the search must be submitted with the application.

- You must complete the form on-line at [www.vsp.virginia.gov](http://www.vsp.virginia.gov). This is the preferred method. You must still print the form and mail it to the Virginia State Police (VSP).
- The fee for services is \$15 payable to "Virginia State Police". Personal checks are NOT accepted.
- The form number is located in the upper left hand corner of the form in small print.
- Virginia State Police (VSP) Criminal Record Search Inquiries: 804-674-2131.
- Purpose of the request is "Other" – "Child Care Provider" should be written in the blank space.
- Form must be **notarized** and submitted in duplicate to the Virginia State Police. The address is located on the bottom right corner of the form. Please make a copy for your records.
- The "name and mailing address of agency, individual or agent making the request" box should be completed with your name and address. The completed name search request should be returned to you and you will then send it to DOLP, or the contracting agency as appropriate, with your completed packet.
- **PLEASE NOTE:** "Fees for Service" box – the cost of the criminal history and sex offender search is \$15. You may complete the \$20.00 combined criminal history and sex offender search, but it is up to you. (NOTE: The \$8.00 checks are for volunteers at non-profit agencies (little league coaches, reading buddies at the elementary school, churches, etc.). The \$8.00 check will not be completed for day care providers and the form will be returned to you for correction.)
- **INCOMPLETE** forms will not be processed and will be returned to you for additional actions. This will delay processing.
- Criminal history search requests may not be completed by a local agency, an internet search agency, Child Care Aware, etc. It will not be accepted. Only the original results of a search completed by the Virginia State Police will be accepted.
- **PLEASE DO NOT** complete the reply address as DOLP or the contract agency as the state police will not mail them directly to us.
- Mail to the address provided on the form. Once the search has been completed, the Virginia State Police will mail a copy of the response back to you.
- Results completed more than 90 days prior to the date the application is received **will not** be accepted.
- Once you have received and reviewed the results to ensure they are accurate, mail the original to DOLP or the contract agency as appropriate.
- If you have any questions, please contact DOLP or the contract agency as appropriate.

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST****PURPOSE OF THIS REQUEST (Check only one):**

- ☐ DOMESTIC ADOPTION
 ☐ INTERNATIONAL ADOPTION \_\_\_\_\_ COUNTRY \_\_\_\_\_  
☐ VISA (INTERNATIONAL TRAVEL)
 ☐ OTHER (please specify) \_\_\_\_\_

**NAME INFORMATION TO BE SEARCHED:**

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

RACE SEX DATE OF BIRTH SOCIAL SECURITY NUMBER

/ / (MM/DD/YYYY)

**AFFIDAVIT FOR RELEASE OF INFORMATION:**

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ ☐ County ☐ City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_ (MM/DD/YYYY)

My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**SIGNATURE OF PERSON MAKING REQUEST:**

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

\_\_\_\_\_  
Signature of Individual Making Request

State of \_\_\_\_\_ ☐ County ☐ City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_ (MM/DD/YYYY)

My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:

NAME

ATTENTION

ADDRESS

CITY

STATE ZIP CODE

**FEES FOR SERVICE:**

\* FEES For Volunteers with Non-Profit Organizations:

- ☐ \$15.00 CRIMINAL HISTORY SEARCH
 ☐ \$8.00 CRIMINAL HISTORY SEARCH  
☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
 ☐ \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.

**METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)**

☐ Business or Certified check or Money order (payable to Virginia State Police)

CHARGE CARD: ☐ MasterCard  OR ☐ Visa 

Account Number: \_\_\_\_\_ - - - - - Expiration: \_\_\_\_\_ / \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

☐ Virginia State Police Charge Account Number: \_\_\_\_\_

**Mail Request To:**

Virginia State Police  
Central Criminal Records Exchange – NF  
P. O. Box 85076  
Richmond, Virginia 23261-5076

ATTN: NEW FORM

**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- ☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record  
☐ No Criminal Record – Name Search Only
 ☐ No Criminal Record – Fingerprint Search  
☐ No Sex Offender Registration Record
 ☐ Criminal Record Attached

Purpose code: ☐ C  
☐ N  
☐ O

Date: \_\_\_\_\_ By CCRE/ \_\_\_\_\_



## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

### INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business check made payable to "Virginia State Police"  
OR we accept VISA and MasterCard  
Personal Checks Not Accepted

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms.  
Code of Virginia §2.2-4805.

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of these Form Instructions for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form Must be **TYPED OR NEATLY HAND-PRINTED.**  
Complete the Criminal History Record Request by following these instructions:

\*\*\*

**PURPOSE OF THIS REQUEST:**

Primary reason for request.

**NAME INFORMATION TO BE SEARCHED:**

Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted. Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose.

**AFFIDAVIT FOR RELEASE OF INFORMATION:**

Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).

**SIGNATURE OF PERSON MAKING REQUEST:**

Affidavit must be signed by authorized agent and notarized to receive the search results.

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST:**

Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.

**FEES FOR SERVICE:**

Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number.

**METHOD OF PAYMENT:**

Indicate method of payment

Mail the Completed SP-167 "Criminal History Record Request" to:

Virginia State Police  
Central Criminal Records Exchange – NF  
P.O. Box 85076  
Richmond, Virginia 23261-5076

## Instructions For Requesting a Search of the "Sex Offender and Crimes Against Minors Registry"

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, SP-266 "Sex Offender and Crimes Against Minors Registry" name search forms may be obtained by downloading from the Virginia State Police website: <http://www.vsp.virginia.gov>.

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and SP-266 form. Violent sex offenders can be searched on the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <http://sex-offender.vsp.virginia.gov/sor/>.

### Cost Structure and Types of Records Searches Available

\*\*\*

CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an SP-266 "Sex Offender and Crimes Against Minors" name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <a href="http://sex-offender.vsp.virginia.gov/sor/">http://sex-offender.vsp.virginia.gov/sor/</a> .
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a "Criminal History Record Name Search" and "Sex Offender and Crimes Against Minors." The purpose of this search is for volunteering services for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.

## Criminal History Record/Sex Offender and Crimes Against Minors Registry Search Form – SP 230

This form is to be completed for your assistants, substitute providers and/or anyone else in your home age 18 or over. The original results of the search must be submitted with the application.

- You must complete the form on-line at [www.vsp.virginia.gov](http://www.vsp.virginia.gov). This is the preferred method. You must still print the form and mail it to the Virginia State Police (VSP).
- The fee for services is \$15 payable to “**Virginia State Police**”. Personal checks are **NOT** accepted.
- The form number is located in the upper left hand corner of the form in small print.
- Virginia State Police (VSP) Criminal Record Search Inquiries: 804-674-2131.
- Purpose of the request is “Child Care”.
- Form must be **notarized** and submitted in duplicate to the Virginia State Police for each name to be searched. If you fail to submit in duplicate – it will **NOT** be processed. Please make a copy for your records.
- Signature of Person Making Request – You, The Provider must sign, print and date.
- Write your name and address in the section marked “Name & Mailing Address of Agency, Individual or Authorized Agent Making Request”. **DO NOT** complete the reply address as DOLP or the contract agency as the state police will not mail them directly to us.
- **INCOMPLETE** forms will **not** be processed and will be returned to you for additional actions. This will delay processing.
- Mail to the address provided on the form. Once the search has been completed, the Virginia State Police will mail a copy of the response back to you.
- Criminal history search requests may not be completed by a local agency, an internet search agency, Child Care Aware, etc. It will **not** be accepted. Only the original results of a search completed by the Virginia State Police will be accepted.
- Results completed more than 90 days prior to the date the application is received will **not** be accepted.
- Once you have received and reviewed the results to ensure they are accurate, mail the original to DOLP or the contract agency as appropriate.
- If you have any questions, please contact DOLP or the contract agency as appropriate.

**CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM**

Mail Request To:

Virginia State Police  
CCRE – Attention New Form  
P.O. Box 85076  
Richmond, Virginia 23261-5076

**PURPOSE OF THIS REQUEST (Check only one):**

- ☐ CHILD CARE  
☐ DOMESTIC ADOPTION  
☐ ADULT CARE  
☐ NURSING HOME OR HOME HEALTH

- ☐ VIRGINIA PUBLIC SCHOOLS  
☐ INTERNATIONAL ADOPTION COUNTRY: \_\_\_\_\_  
☐ FOSTER CARE  
☐ EMPLOYMENT  
☐ OTHER (Please Specify) \_\_\_\_\_

**NAME TO BE SEARCHED:****LAST NAME****FIRST NAME****MIDDLE NAME****MAIDEN NAME****RACE****SEX****DATE OF BIRTH**

(MM/DD/YYYY)

**SOCIAL SECURITY NUMBER**

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: \_\_\_\_\_ (MM/DD/YYYY)

Signature of Person Making Request:

Printed Name:

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:

**NAME****ATTENTION****ADDRESS****CITY****STATE****ZIP CODE****FEES FOR SERVICE:****FEES:**

- ☐ \$15.00 CRIMINAL HISTORY SEARCH  
☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

**\* FEES For Volunteers with Non-Profit Organizations:**

- ☐ \$8.00 CRIMINAL HISTORY SEARCH  
☐ \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

**METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)**CHARGE CARD: ☐ MasterCard  OR ☐ Visa ☐ Certified Check or Money Order (attached, payable to Virginia State Police)

Account Number: \_\_\_\_\_

☐ Virginia State Police Charge Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- ☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record  
☐ No Criminal Record – Name Search Only  
☐ No Sex Offender Registration Record
- ☐ No Criminal Record – Fingerprint Search  
☐ Criminal Record Attached

Purpose code:

- ☐ C  
☐ N  
☐ O

Date \_\_\_\_\_ By CCRE/ \_\_\_\_\_

**Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form**  
(Please read the following General Instructions)

**PURPOSE OF THIS REQUEST:**

Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, Code of Virginia, governing the program for which the search is requested.

**NAME TO BE SEARCHED:**

Type the full name (last, first middle [no initials] and maiden name (if applicable), sex, race, date of birth, and complete address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. **Note: Signature of person making request is required.**

Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose.

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.

**FEES FOR SERVICE:**

Indicate the fee for the service requested.

**METHOD OF PAYMENT:**

Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa.  
For charge account: provide charge account number issued by Virginia State Police.

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms.  
Code of Virginia §2.2-4805.

**Mailing Instructions:**

Mail to: Virginia State Police  
CCRE – Attention: New Form  
P.O. Box 85076  
Richmond, Virginia 23261-5076

# Virginia Department of Social Services

## Child Protective Services (CPS)

### Central Registry Release of Information Form

- To be completed by applicant, any assistant, any substitute provider, each adult household member (ages 18+ years), and each child ages 14 – 17.
- The processing cost for each form is \$7.00.
- You must send a money order, company check, or cashier's check made payable to: **Virginia Department of Social Services**. *Personal checks and cash will not be accepted.*
- This form must be **notarized!**
- Please READ all instructions carefully!
- Your name and address should be written in Part I. Remember to put your full middle name and your children's full, middle and last name(s).
- Submit YOUR NAME AND ADDRESS in the "Mail Search Results To" Section.
- Purpose of the search - *Babysitter/Family Day Care*.
- Parent's signature is required for any child 17 years of age or younger.
- **DO NOT** mail your CPS request forms to DOLP/Voluntary Registration for processing. **Mail your search request to:**

**Virginia Department of Social Services  
801 East Main Street, 6<sup>th</sup> Floor, OBI Search Unit  
Richmond, Virginia 23219-2901**

- Numbers to call if you have not received your results within 30 business days:  
804-726-7567  
804-726-7544  
804-726-7549
- Results completed more than 90 days prior to the date the application is received will **not** be accepted.
- You must submit your original RESULTS to DOLP or contracting agency with your application for each individual after OBI has processed your request.

## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglecter in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in the Code of VA 63.2-1515.

### Read all instructions before completing the form:

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or "white-out" will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full birth middle name.
3. If any answer is none, write "N/A".
4. Sign in the presence of an official Notary Public. All request forms must be notarized. Only original signatures will be accepted, no copies.
5. The correct fee must be mailed with your form. A payment of \$7.00 per request, in the form of a money order, company/business check, or cashier's check will be accepted. If multiple requests are mailed together, payment may be combined on one money order, company/business check, or cashier's check. (ex. 5 requests at \$7.00 each will total \$35.00). A \$50 fee will be charged for all returned checks.

Make payment payable to: Virginia Department of Social Services.

**Personal checks and cash will not be accepted.**

6. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
7. If extra space is needed to complete the form (ie. providing information on addresses, spouses, and children), attach an additional sheet along with your form to be mailed.
8. Search results disseminated beyond the requesting agency or individual are not considered official.
9. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services  
Office of Background Investigations - Search Unit  
801 East Main Street, 6th Floor  
Richmond, VA 23219-2901**

VA Department of Social Services  
Office of Background Investigations – Search Unit  
801 East Main Street, 6<sup>th</sup> Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form

**Purpose of Search, Check one:** ☐ Adam Walsh Law ☐ Adoptive Parent ☐ Babysitter/Family Day Care  
☐ CASA ☐ Children's Residential Facility ☐ Custody Evaluation ☐ Day Care Center ☐ Foster Parent  
☐ Institutional Employee ☐ Other Employment ☐ School Personnel ☐ Volunteer ☐ Other

**MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip			
Contact Name	Tel.#	Ext			
Contact E-Mail			Mandatory if agency code has been assigned		

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

Last Name	First Name	Full Birth Middle Name – no initials (if middle name is an initial, indicate "Initial Only")			
Maiden Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)		Race
Social Security Number	Driver's License Number or ID #	Other names used (nicknames, previous married names, etc.)			
Current Address (Include Street # and Apt #)		City	State	Zip	

**Applicant's Prior Addresses**

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

**Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Paramour

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

**List all of your children.** If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	





**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature of person whose name is being searched.  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Number

My Commission Expires: \_\_\_\_\_

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3. \_\_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Staff Only

# Acronym List

- CCA = Child Care Aware
- CPS = Child Protective Services
- CPSC = Consumer Product Safety Commission
- DOLP = Division of Licensing Programs
- DSS = Department of Social Services
- LDSS = Local Department of Social Services
- MAT = Medication Administration Training
- N/A = Not Applicable
- OBI = Office of Background Investigations
- TB = Tuberculosis
- USDA = United States Department of Agriculture
- VACCRNN = Virginia Child Care Resources & Referral Network
- VDSS = Virginia Department of Social Services
- VR = Voluntary Registration
- VA = Virginia
- VSP = Virginia State Police

## WEBSITES

### **To access VR provider information and application packet**

**[http://www.dss.virginia.gov/facility/child\\_care/unlicensed/vrfdh/index.cgi](http://www.dss.virginia.gov/facility/child_care/unlicensed/vrfdh/index.cgi)**

### **Child Protective Services Search of the Central Registry**

**[http://www.dss.virginia.gov/files/division/licensing/vrfdh/intro\\_page/current\\_providers/forms/032-02-0151-11-eng.pdf](http://www.dss.virginia.gov/files/division/licensing/vrfdh/intro_page/current_providers/forms/032-02-0151-11-eng.pdf)**

### **Virginia State Police Criminal History Record Search**

**[www.vsp.virginia.gov](http://www.vsp.virginia.gov)**